
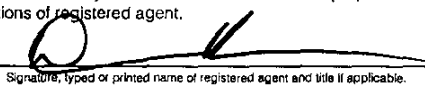
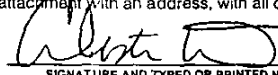


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000135871</b> 1. Entity Name <b>CELWAT, INC.</b>					
Principal Place of Business <b>9203 GRIGGS RD UNIT C201 ENGLEWOOD, FL 34224</b>			Mailing Address <b>9203 GRIGGS RD UNIT C201 ENGLEWOOD, FL 34224</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>170 WEST DEARBORN ST.</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>ENGLEWOOD, FL</b> Zip <b>34223</b>		4. FEI Number <b>20-3881482</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HOLMES, DAVID A FARR LAW FIRM 99 NESBIT STREET PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent Name <b>DAVID A. DUNKIN.</b> Street Address (P.O. Box Number is Not Acceptable) <b>170 WEST DEARBORN ST.</b> City <b>ENGLEWOOD</b> <b>FL</b> <b>34223</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE <b>1/26/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WATSON, GLENN 9203 GRIGGS RD UNIT C201 ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600087412456</b> <b>02/06/07--01005--001 **250.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WATSON, CELESTE P 9203 GRIGGS RD UNIT C201 ENGLEWOOD, FL 34224	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date <b>1/26/07</b> Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED  
2007 FEB -2 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

